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Bib Data Sheet

CONFIRMATION NO. 1834

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| SERIAL NUMBER<br>10/045,553 | FILING DATE<br>01/11/2002<br><br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3762 | ATTORNEY<br>DOCKET NO.<br>P-10289.00 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2002

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: _____   |                           |                        |                       |                            |

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## TITLE

Neurostimulation lead stylet handle

|                            |   |  |
|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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